

Attachment 1a

Sample of a Special Managed Care Program Enrollment Notice

Please save this notice in a safe place.

You are now a member in this managed care program (MCP). Call the program phone number listed below for questions about services you receive as a member.

ID Number	Participant Name	Effective Date	Managed Care Program	MCP Phone Number
123456789	Brown John J	01/01/2000		(555)555-1234

Questions about this notice?
Call Medicaid Recipient Services at 1-800-362-3002.

BMHCP 1204S (Rev. 5/99)
Department of Health and Family Services
Division of Health Care Financing